7-942

110	13 B 11 B 1 1 2010 1 200 : WE BIV	Commence Id. Cl			, , ,	
		Commonwealth of M. Registry of Vital Record DISPOSITION, OR TRANSPO	ls and Statistics REMOVAL	State File#	2019 003883	
	0353047	PERMI				
	n R-309 07012014					
Inf	ormation necessary for the Certificate of E		ed for:			
	Decedent Name MCDERMOTT, KAT	HLEEN L				
	Place of Death 49 BOSTON ROAD, SO	UTHBOROUGH, MA				
F	Date of Death JANUARY 23, 2019	Da	ate of Birth OC	TOBER 20, 1950	Sex FEMALE	
) EN	Residence 49 BOS TON ROAD, SO					
E C E D E N	If U.S. veteran, specify war/conflict(s) (most rece	ent)				
DE	NO Branch of military (most recent)		D == <i>b/</i> =====:===:	(
	— (manifectiny		Kanksorganizanon —	outfit(most recent)		
	Date entered (most recent)	Date Discharged (m	ost recent)	Service Number(mo	st recent)	
H	Certifier NICHOLAS M MASCOLI III, M	<u> </u>		F. 11 200 1 44		
CERTIFIER	Addr. 2000 WASHINGTON STREET, NI		EFFTS 624/2	Lic# 77443		
T	Immediate Cause of Death	EWION, MASSACHU	SEI 13 02462			
CKR	ACUTE ABDOMINAL PAIN					
Tb	is permit authorizes the following Funera	l Service Licensee or De	sionee to remov	e dispose or transpo	ort romains as listed balance	
	Funeral Licensee Designee NANCY G MOR				Lic # 50277	_
NO.	Facility. MORRIS FUNERAL HOME, SO		ee acumic imp		AL II 30277	
E	Disposition Type CREMATION	JOHN ON JUGH, MA				
ç	Place/Address			Date of Disposition 1	ANUARY 28, 2019	
DISPOSITIO	RURAL CEMETERY (CREMATORY),	180 GROVE STREET,	WORCESTER	, MASSACHUSET	TS 01605	
En	dorsements					
	Registry of Vital Records and Statistics	Board of Health	/Agent for: SOU	THBOROUGH		_
ERMIT	State Tracking # 003883	Local Permit#	E-PERMIT			
ER	Date JANUARY 25, 2019	Date				
^	ŕ	Name of Agent				
×	I hereby certify that the remains were disposed					
ATION	Place of Disposition (Facility Name and Address	•)	Signature	2 6 21	0 4	_
Σ	Rural Cemet 180 Grove St Westestes. M	ery pred		John 74. C	obile	
FIR	Weirester. M	1A 0/1605	x	/		
N O	Disposition Type Date of Dis		Name of Superi	ntendent or Authorized	Designee:	_
ပ	Cremation	JAN 2 9 2019	i .	1 77 0 1 111		

Acceptance of Permit

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

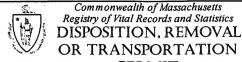
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status of the time of the top of this form.

After confirmation of disposition, the disposition facility shall return the completed scribit to the board of health agent as listed above and retain a copy for their records.

LOWN CLERK'S OFFICE RECEIVED

John H Cobill





State File #

2019 003883

Form R-309 07012014

Inf	ormation necessary for t	he Certificate of D	eath has been comple	ted for:						
	Decedent Name MCDE	RMOTT , KATI	HLEEN L							
	Place of Death 49 BOS	TON ROAD, SOL	THBOROUGH, MA							
T	Date of Death JANUA	RY 23, 2019	I	ate of Birth	OCTOBER 20, 1950	Sex	FEMALE			
DENT	Residence 49 BOS	TON ROAD, SOL	THBOROUGH, MAS	SACHUSE	CTTS 01772					
DECED	If U.S. veteran, specify war NO	conflict(s) (most rece	nt)							
DE	Branch of military (most re	cent)		Rank/organ	ization/outfit(most recent)					
			Data Diaghaus at (Camina Now how/wa	rd was a wall				
	Date entered(most recent)		Date Discharged (i	nosi receni)	Service Number(mos	si receni)				
8	Certifier NICHOLAS M MASCOLI III, MD Lic # 77443									
RTIFIER	Addr. 2000 WAS HINGTON STREET, NEWTON, MASS ACHUS ETTS 02462									
ERT	Immediate Cause of Death ACUTE ABDOMINAL	PAIN								
CE										
Th	is permit authorizes the	following Funeral	Service Licensee or D	esignee to	remove, dispose or transpo		as listed below:			
z	Funeral Licensee Designe	NANCY G MOR	RIS		1	ic # 50277				
0.7	Facility. MORRIS FUN	ERAL HOME, SO	OUTHBOROUGH, M.	ASSACHUS	SETTS					
1130	Disposition Type CREMATION Date of Disposition JANUARY 28, 2019									
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
۵	RORAL CEMETERT	(CREWATORT),	iou dico (E s ride)	, wonez						
En	dorsements									
_	Registry of Vital Records	and Statistics	Board of Hea	th/Agent for	: SOUTHBOROUGH					
PERMIT	State Tracking # 00388	33	Local Permit #	19-1						
ER	Date JANI	JARY 25, 2019	Date	JANUAI	RY 28, 2019					
-			Name of Agen	JAMES	F. HEGARTY					
z	I hereby certify that the r	emains were dispose	d of in accordance with i	ts terms at th	ne place and date below:					
Place of Disposition (Facility Name and Address) Signature										
5										
FIR				X						
CON	Disposition Type	Date of Dis	sposition	Nam e oj	Superintendent or Authorized	Designee:				
Ľ										

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Information necessary for the Certificate of Death has been completed for:

State File #

2019 007563

RECEIVED

OCME CASE #2019-1939 ERK'S OFFICE

PERIVITI

2019 FEB 15 A 9: 40

							SOUTH	andai.	CH NA
	Decedent Name	DION, AMY					0001111	BALAO	ип, ПА
	Place of Death	367 TURNPIKE	E ROAD, SOUTH	IBOROUGH, MA	\				
-	Date of Death	FEBRUARY 10), 2019	Dat	te of Birth	DECEMBER	19, 1960	Sex	FEMALE
DECEDENT	Residence		ANE, AS HLAND	, MASSACHUS	ETTS 01	721			
CEI	•	pecify war/conflict(s) (most recent)						
DE	NO Branch of milita	tary (most recent) Rank/organization/outfit(most recent)							
		, (.	•			
	Date entered(mo	st recent)	Da	ate Discharged (mo	st recent)	Service	Number(most re	ecent)	
Н	Cantifian DICU	ARD J. EVANS,	MD	•		Lic # 5	8622		
IER	•			SSACHIISETT	S 01655	Die ii o	0022		
CERTIFIER	Addr. 55 LAKE AVENUE N, WORCESTER, MASS ACHUS ETTS 01655 Immediate Cause of Death								
ER	PENDING								
	nis permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
Th					signee to I	remove, dispose			as listed below:
z	Funeral License	d Designee JOHN	A. MATARES E,	JR			Lic	# 6664	
SITION	Facility. MATA	RESE FUNERA	L HOME AND C	CREMATION S	ERVICE,	INC., ASHLAN	ND, MASSAC	CHUSET	rs
S II	Disposition Type	CREMATION		Date of Disposition FEBRUARY 18, 2019					
DISPO	Place/Address	NODTH DIDO	HACE CEMETER	RIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO,					
Iq	MASSACHUS		HASE CEVIELE	des Associa	11011,02	SIN MAIN ST	KEEI, AIIL	EBUKU,	
En	dorsements								
	Registry of Vita	l Records and Stat	istics	Board of Health	/Agent for	: SOUTHBORG	UGH		
MIT	State Tracking #			Local Permit#	19-2				
PERM	Date	FEBRUARY	15, 2019	Date	FEBRUA	ARY 15, 2019			
=	Duit	Labricania	10, 2017			•			
Н				Name of Agent	JAMES	F. HEGARTY			
				Name of Agent		F. HEGARTY	1.1		
N	-		vere disposed of in a		terms at th	he place and date	be low:		
TION	-	that the remains v				he place and date	be low:		
M	-				Signatur	he place and date	be low:		
ONFIRMATION	-	tion (Facility Name		ccordance with its	Signatur	he place and date			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION. REMOVAL OR TRANSPORTATION PERMIT

State File #

2018 047422

FIVED SOFFICE

Information necessary for the Certificate of Death has been completed for:

2019 FER 25 P 1: 15

Decedent Name SHAY SR. JOSEPH F

Place of Death

5 WYNDEMERE DRIVE, SOUTHBOROUGH, MA

SOUTHDOROUGH, MA

Date of Death

OCTOBER 20, 2018

Date of Birth MARCH 02, 1931

MALE Sex

Residence

5 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772

If U.S. veteran, specify war/conflict(s) (most recent)

KOREA

Branch of military (most recent)

Rank/organization/outfit(most recent) SERGEANT, 9710 TSUDET 1

ARMY

Date Discharged (most recent)

Service Number(most recent)

Date entered (most recent) **SEPTEMBER 04, 1952**

SEPTEMBER 04, 1954

51 183 696

Certifier KAREN-GAIL BRANDSE, MD

Lic # 153724

Addr. 67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760

Immediate Cause of Death CARDIAC ARREST

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/Designee HENRY C BOYLE, III

Lic # 6156

Facility. BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS

Disposition Type BURIAL

Date of Disposition OCTOBER 27, 2018

Place/Address

ST. STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH 047422 Local Permit# E-PERMIT State Tracking # Date **OCTOBER 22, 2018** Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

MAR 15 2019

RECEIVED
TOWN CLERK'S OFFICE

			Cauthborn	and Doggel of Links		_
For	Regist DISP	try of Vital Record. POSITION, I TRANSPOF PERMI	s and Statistics REMOVAL RTA'TION T	State File #	2019 PR - I SOUTHBORGU	P 3: 1.
DECEDENT	Decedent Name ROBILLARD, KAREN A Place of Death 6 LOVERS LANE, SOUTHBOR Date of Death MARCH 01, 2019 Residence 6 LOVERS LANE, SOUTHBOR If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered (most recent)	Da ROUGH, MASS A	Rank/organizatio		Sex FEMALE	
- CERTIFIER	Certifier DEEPA RANGACHARI, MD Addr. 330 BROOKLINE AVENUE, BOSTON, M Immediate Cause of Death LUNG CANCER			Lic # 260246		
DISPOSITION	Pispermit authorizes the following Funeral Service Funeral Licensee Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHB Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATORY), 180 GR	OROUGH, MAS	SSACHUSETT	Lic S Date of Disposition MA	# 50277 RCH 04, 2019	
En	dorsements				*	-
PERMIT	Registry of Vital Records and Statistics State Tracking # 010325 Date MARCH 04, 2019	Board of Health Local Permit # Date Name of Agent		THBOROUGH		
MATION	I he reby certify that the remains were disposed of in a confidence of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Suret Worcester. MA 01600	<u> </u>	terms at the place	e and date below:	Cohill	
CONFIRM	Disposition Type Cremation Date of Disposition MAR	0 5 2019	Name of Super	intendent or Authorized Do John H C		-

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



State of Florida, Department of Health, Bureau of REAL STATES BURIAL TRANSIT PERMIT OWN CLERK'S OFFICE

DATE PRINTED: March 13, 2019

1.

Name of Deceased

DECEDENT INFORMATION Southborough,

March 4, 2019 ~

Place of Death - County

RICHARD PETER LAVOIE

City, Town or Location

Name of facility, or street address if not a facility

PALM BEACH

ATLANTIS

JFK MEDICAL CENTER

Fla. Lic. No./Reg. No.

F040751

Phone Number (561) 276-4161

Name and Address of Funeral Home/Direct Disposal Establishment

LORNE AND SONS FUNERAL HOME F040751

745 NE 6TH AVE

DELRAY BEACH, FLORIDA, 33483

Funeral Director/Direct Disposer

PATRICK LORNE

Medical Verification Statement

Fla. Lic. No./Reg. No.

F043096

Roberta at the certifying physician's office, was contacted on 03/11/2019 by the funeral director listed above; he/she indicated that SONNY VAN NGUYEN, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2019-F040751-5048

Date Issued: .

March 11, 2019

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4.

CEMETERY OR CREMATORY

Place of Disposition:

RURAL CONSTRUY, SOUMBURNEY Method of Disposition: Bullet of Calmertain Remains Date of Disposition:

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

\$	STATE OF NEW HAMPS	SHIRE		1. BURIAL PER	RMIT NO	RECEI	VFN
	BURIAL TRANSIT PER	MIT		2. CITY OR TOWN TOWN CLERK'S			
B. DECEDENT'S I	NAME (First, Middle, Last) CATORE			4. SEX FEMALE	5. DATE OF DEAT APRIL 13, 20	H (MIP APA 25	A 9:
6. AGE 98 Years	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 25, 1921	8. CITY, TO	WN, OR LOCATION OF	DEATH	9. COUNTY STRAFF	OF SOUTHBORK	a .Haue
10. METHOD OF	DISPOSITION (1.Burial 2.Temp. Entombment 3.	Cremation 4.	Donation 5. Mausoleum	6.Other):	CODE:	1	
11. PLACE OF DI	SPOSITION (Name of cemetery, crematory or other	er place)	RURAL CEME	TERY			
12. LOCATION (0	City/Town, State) SOUTHBORO, MA						
13. DATE OF DIS	POSITION (Refer to 19a) APRIL 18, 201	9					
10. 5/(12 0) 510	AT ILL 10, 201						
4. IF ENTOMBED	O (OR CREMATED) PLACE OF FINAL BURIAL						
15. LOCATION OF	F FINAL DISPOSITION (City/Town, State)						
		Company of the Compan		20 1 100 100 100 1 100 100 100 100 100 1			
	A CERTIFICATE OF DEATH, HAVING BEEN FIL	ED AS REQU	IRED BY THE LAWS OF	F THS STATE, PE	10000	A COUNTY OF STREET	
16. FUNERAL DIF					17. N.H. LIC. NUN	1 ONLY 0000	
	OCATION OF FACILITY (City/Town, State)		T FUNERAL HOME,	SUDBURY, MA			
19. COUNTER SIGNATION OF THE COUNTER SIGNATURE	GNED AGENT(City Board of Heath/Sub-Register if	f app.)	20. CITY/TOWN DOVER			SUED (Month, Day, Ye 15, 2019	ear)
	CEMETERY OR STORAGE VAL	JLT AUTHORI		PACE BELOW W			1 - 185 - 18 - 18 - 18 - 18 - 18 - 18 -
22. IF STORED, B	ODY WAS PLACED IN (Name of Storage Vault)	23 . D	PATE STORED (Month,	Day, Year)	24. CITY/TOWN, ST	ATE	
	DE SEXTON OF PERSON IN CLUBOE OF STOR	AGE VALUE	26 DA	TE ISSUED (Mon	th Day Year)		
25. SIGNATURE (JE SEXTON OR PERSON IN CHARGE OF STOR	AGE VAUL	120.00	I E IOOUED (IVIUI	ui. Day. Teal <i>i</i>		
25. SIGNATURE (OF SEXTON OR PERSON IN CHARGE OF STOR	AGE VAULT	20.04	1E 1930ED (MOI	ui, Day, Teai)		
25. SIGNATURE (
	CEMETERY OR CF	REMATORY A	UTHORITY SHALL FILE	OUT SPACE BE	LOW	METERY OR VAULT	20 10 H 2
7. TYPE OF DISP	CEMETERY OR CF POSITION (Cremated, buried, etc.) 28.		UTHORITY SHALL FILE	OUT SPACE BE	LOW LOCATION OF CE	METERY OR VAULT	P PAR L
	CEMETERY OR CF POSITION (Cremated, buried, etc.) 28.	REMATORY A	UTHORITY SHALL FILE	OUT SPACE BE	LOW LOCATION OF CE	METERY OR VAULT	Property of the state of the st
27. TYPE OF DISP	CEMETERY OR CE POSITION (Cremated, buried, etc.) 28. 29.	DATE OF DIS (Month, Day, \	UTHORITY SHALL FILE	29. NAME ANI (City/Town	LOW LOCATION OF CE	METERY OR VAULT	Property of the second
27. TYPE OF DISF	CEMETERY OR CE POSITION (Cremated, buried, etc.) 28. 29.	DATE OF DIS (Month, Day, \	UTHORITY SHALL FILE POSITION (fear) 22, 2019	29. NAME ANI (City/Town	LOW LOCATION OF CE	METERY OR VAULT	To produce the second s





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2019 020522

Form R-309 07012014

Info	information necessary for the Certificate of Death has been completed for:									
	Decedent Name	BACKER,	ANITA K.				-	_		
	Place of Death	11 RES ERVO	R STREET, SOU	THBOROUGH,	MA					
t-	Date of Death	APRIL 30, 201	9	Da	te of Birth	AUGUST 25, 1948	Sex	FEMALE		
DENT	Residence	11 RES ERVOI	R DRIVE, SOUT	HBOROUGH, M	IASSACH	USETTS 01772				
ECED	If U.S. veteran, s	pecify war/conflict(s) (most recent)							
DE	Branch of military (most recent)			-	?ank∕organiz 	ation/outfit(most recent)	,			
	Date entered(mo	st recent)	De	ate Discharged (mo -	ost recent)	Service Number(most	t recent)			
~	Certifier NAEE	M TAHIR, MD				Lic # 238186				
RTIFIE	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215									
CERT	Immediate Cause of Death METASTATIC MALIGNANT NEUROENDOCRINE CANCER OF ESOPHAGUS									
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to re	emove, dispose or transpo	rt remains	as listed below:		
7	Funeral License	e/Designee RICH	ARD S MANSFIE	CLD		· L	ic # 5788			
101	Facility. MILE	S FUNERAL HO	OME, HOLDEN,	MASSACHUSE	ГТS					
SIT	Disposition Type BURIAL Date of Disposition MAY 03, 2019									
DISPOSITION	Place/Address HOLY SOCIETY CEMETERY, CEMETERY ROAD, LEICESTER, MASSACHUSETTS 01524									
E.	dorsements									
En		I December and Ste	· · · · · · · · · · · · · · · · · · ·	Poard of Health	/A gent for:	SOUTHBOROUGH				
MIT	State Tracking #	l Records and Sta 020522	ustics		19-4	300 III BOROCGII				
ERM	Date	MAY 02, 201	Q	Date	MAY 03,	2019				
4	Date	WIAT 02, 201		Name of Agent	•	E. HEGARTY				
_	I b a wahu aautifu	that the remains	uam disposad of in a	1		place and date below:				
N O		tion (Facility Name			Signature					
MATIO	Place of Disposi	•								
I R M					X					
CONFIR	Disposition Type	?	Date of Disposition	1		Superintendent or Authorized I	Designee:			
Ľ										

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



State of Florida, Department of Health, Bureau of Vital State & CLERK'S OFFICE **BURIAL TRANSIT PERMIT**

DATE PRINTED: April 12, 2019

7019 MAY 16 A 11: TRACKING NUMBER: 2019060246

DECEDENT INFORMATION

SOUTHBOROUGH. M

Name of Deceased

MARY WALLACE HAWN

Date of Death

April 9, 2019

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

ST LUCIE

1.

PORT ST LUCIE

PALM GARDEN

Fla. Lic. No./Reg. No.

Name and Address of Funeral Home/Direct Disposal Establishment

ST LUCIE CREMATION SERVICES F070938

F070938

Phone Number

8549 S US 1

(772) 785-9009

PORT ST LUCIE, FLORIDA, 34952

Funeral Director/Direct Disposer

Medical Verification Statement

Fla. Lic. No./Reg. No.

F019838

ROBERT ANTONUCCI

Donna at the certifying physician's office, was contacted on 04/10/2019 by the funeral director listed above; he/she indicated that ROSE MILAGROS GUILBE, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2019-F070938-5103

Date Issued:

April 10, 2019

State Registrar

AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

C19-19-04-SLC15

4.

CEMETERY OR CREMATORY

Place of Disposition:

KURAL CEMERAL, SWITH BOUNGA, MA SEC. 13, LOT 13, GAN 448 Method of Disposition: Land or Chambrea Remains

Date of Disposition:

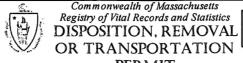
EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326F 10/12

64V-1.011, Florida Administrative Code





State File # 2019 025258

PERMIT

Information necessary for the Certificate of Death has been completed for:

				prete	u 1011					
	Decedent Name	WEBER , P.	AUL J.							
	Place of Death	5 CLIFFORD S	STREET, SOUTH	BOROUGH, M	A					
ı-	Date of Death	JUNE 01, 2019		Da	te of Birth	JANUARY	11, 1961	Sex	MALE	
DECEDENT	Residence	5 CLIFFORD	STREET, SOUTH	BOROUGH, M	ASSACHU	USETTS 0177	72			
CEL	If U.S. veteran, sp	pecify war/conflict(s) (most recent)							
DE	NO Branch of military	v (most recent)		,	Rank/organi:	zation/outfit(mo	st recent)			
		y (most recent)		-	Rank/organization/outfit(most recent)					
l	Date entered(most recent) Date			ate Discharged (most recent) Service Number (most recent)				t recent)		
-	Cartifian SEAM	Certifier SEAMUS MARK, MD Lic # 238902								
IER	Addr. 900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581									
CERTIFIE	Immediate Cause of Death									
CER	CARDIAC EVENT									
Ĺ	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
Ti				e Licensee or De	signee to r	emove, aispos			as listed below:	
z	1	Designee NANC					L	ic # 50277		
15	Facility. MORR	RIS FUNERAL I	HOME, SOUTHB	OROUGH, MA	SSACHUS	SETTS				
SI	Disposition Type CREMATION Date of Disposition JUNE 07, 2019									
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
=	RORAL CEVIL	STEACT (CICEVI	, 100 GI	O I D STREET,	World	71214 11210				
En	dorsements									
	Registry of Vital	Records and Sta	istics	Board of Healt	n/Agent for:	SOUTHBOR	OUGH			
TIM	State Tracking #	025258		Local Permit#	19-5					
PER	Date	JUNE 03, 20	19	Date	JUNE 03	, 2019				
-				Name of Agent	JAMES 1	F. HEGARTY	<i>!</i>			
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:										
ATION	Place of Dispositi				Signatur					
IR					X					
ONFIRM	Disposition Type		Date of Disposition	1	Name of	Superintendent	or Authorized	Designee:		
၁								_		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File#

2019 028630

TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2019 JUN 25 A 10: 4

1								
	Decedent Name	BARNES , I	EDWARD V	V			SOUTHBO	DROUGH, MA
	Place of Death	22 WILDWOO	D DRIVE, SO	OUTHBOROUGH, M	LA			ono odni i i i
F	Date of Death	JUNE 24, 2019		Da	te of Birth	FEBRUARY 02, 19	926 Sex	MALE
EN	Residence			OUTHBOROUGH, M	IASSACI	HUSETTS 01772		
ECEDEN	If U.S. veteran, s WWII	pecify war/conflict(s) (most recent)					
۵	Branch of militat	ry (most recent)			Rank/organization/outfit(most recent) RADIOMAN 3RD CLASS			
	Date entered(mo			Date Discharged (mo MAY 24, 1946	st recent)	Service Numb 804 04 81	er(most recent)	
<u>~</u>		J CANCIAN,	MD	· · · · · · · · · · · · · · · · · · ·		Lic # 78517		
RTIFIE	Addr. 521 MT	AUBURN STRE	ET, SUITE 20	02, WATERTOWN,	MASSAC	CHUSETTS 02472		
CERTI	Immediate Cause PNEUMONIA							
Tł	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
z	Funeral License	e/Designee HENF	RY C BOYLE,	ш			Lic # 6156	
	Facility. BOYI	E BROTHERS	FUNERAL H	OME, INC., FRAMI	NGHAM,	MASSACHUSETT	S	
SIT	Disposition Type	BURIAL				Date of Disposit	ion JUNE 29, 201	19
DISPOSITIO	Place/Address CALVARY CEMETERY, 250 HIGH STREET, WALTHAM, MASSACHUSETTS 02451							
En	dorsements							
	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for	: SOUTHBOROUGH		
MIT	State Tracking #			Local Permit#	19-6			
PER	Date	JUNE 25, 20	19	Date	JUNE 25	5, 2019		
4				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
TION	Place of Disposi	tion (Facility Name	and Address)		Signatui	re		
K M A								
FIRM					X			
CON	Disposition Type	?	Date of Dispo.	sition	Name of	Superintendent or Auth	orized Designee:	
1								

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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0000389503



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2019 029908

гоп	n K-309 07012014							
Inf	ormation necess	ary for the Cert	ificate of Death ha	as been complete	d for:			
	Decedent Name	GEARY , M	ARIANNE JO	AN				
	Place of Death	4 MITCHELL	STREET, SOUT	HBOROUGH, M	A			·
L.	Date of Death	JUNE 29, 2019		Dat	te of Birth	DECEMBER 21, 1922	Sex	FEMALE
EN	Residence	4 MITCHELL	STREET, SOUT	HBOROUGH, M	ASSACH	IUS ETTS 01772		
ECEDENT		ecify war/conflict(s) (most recent)				ý.	
DE	NO Branch of militar	ch of military (most recent)			Rank/organization/outfit(most recent)			
	Date entered(mos	st recent)	D.	ate Discharged (mo -	st recent)	Service Number(most r	ecent)	
~	Certifier LALIT	A A MATTA, N	MD			Lic # 78051		
FIE	Addr. 65 FREE	MONT STREET	Γ, MARLBOROU	GH, MASSACE	IUS ETTS	01752		
ERTIFIER	Immediate Cause							
CE	ADVANCED I	DEMENTIA						
TI	nis permit author	rizes the followi	ng Funeral Servic	e Licensee or De	signee to	remove, dispose or transport		as listed below:
z	Funeral Licensee	Designee NAN(CY G MORRIS			Lic	# 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS							
LIS	Disposition Type BURIAL Date of Disposition JULY 08, 2019							
DISPOSITIO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
L								
Er	dorsements						-	
Ļ	Registry of Vital	Records and Sta	tistics			: SOUTHBOROUGH		
ERMIT	State Tracking #	029908		Local Perm it #	19-7			
PER	Date	JULY 02, 20	19	Date	JULY 0	•		
				Name of Agent	JAMES	F. HEGARTY		
z				ccordance with its		ne place and date below:		
ATION	Place of Disposit	ion (Facility Name	and Address)		Signatu	re		
MA								
ONFIRM					X			
						f Superintendent or Authorized D		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

OCME CASE # 2019-8155

2019 030052

Form R-309 07012014

Inf	ormation necessary for the Certi	ificate of Death ha	is been complete	d for:						
	Decedent Name HUPFER , D	ARRYL B								
	Place of Death 1 DAVID HENI	RY GARDNER L	ANE, SOUTHB	OROUGH	, MA					
-	Date of Death JUNE 27, 2019		Da	te of Birth	DECEMBER 28, 1955	Sex MALE				
EN	Residence 1 DAVID HENI	RY GARDNER L	ANE, SOUTHB	OROUGH	MASSACHUSETTS 01772					
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)								
D E	NO Branch of military (most recent)		,	Rank/organiz 	ation/outfit(most recent)					
	Date entered(most recent)	Do	ate Discharged (m -	ost recent)	Service Num ber(most recen	nt)				
~	Certifier RICHARD J. EVANS,	MD			Lic # 58622					
RTIFIE	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655									
CERT	Immediate Cause of Death HANGING									
Tì	is permit authorizes the followi	ng Funeral Servic	e Licensee or De	signee to re	move, dispose or transport rea	mains as listed below:				
z	Funeral Licensee/ Designee WILL	AM J. FAY			Lic # 5	5556				
	Facility. CALLAHAN & FAY BROTHERS FUNERAL HOME, WORCESTER, MASSACHUSETTS									
SITIO	Disposition Type REMOVAL FROM STATE Date of Disposition JULY 08, 2019									
DISPO	Place/Address NEWTOWN VILLAGE CEMETERY, 20 ELM DRIVE, NEWTOWN, CONNECTICUT 06470									
En	dorsements									
ſ.	Registry of Vital Records and Stat	istics	Board of Healtl	/Agent for:	SOUTHBOROUGH					
MIT	State Tracking # 030052		Local Permit#	19-8						
PER	Date JULY 03, 201	9	Date	JULY 03,	2019					
			Name of Agent	JAMES F	. HEGARTY					
I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:										
Place of Disposition (Facility Name and Address) Signature										
FIRMA				X						
CON	Disposition Type	Date of Disposition	,	Name of S	uperintendent or Authorized Design	nee:				

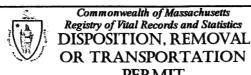
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Tour Clerk Reid 7-11-19 1:13 pm JFH





State File#

2019 029908

	n R-309 07012014 ormation necessary for the Certificate of Death ha	s been completed								
	Decedent Name GEARY, MARIANNE JOA	N.								
	Place of Death 4 MITCHELL STREET, SOUTH	IBOROUGH, M	A							
F	Date of Death JUNE 29, 2019	Dat	e of Birth	DECEMBER 21, 1922 Sex FEMALE						
EN	Residence 4 MITCHELL STREET, SOUTH	IBOROUGH, MA	ASSACH	US ETTS 01772						
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)									
DE	NO Branch of military (most recent) —	Rank/organization/o		zation/outfit(most recent)						
	Date entered (most recent) Do	nte Discharged (mos	st recent)	Service Number(most recent)						
M	Certifier LALITA A MATTA, MD			Lic # 78051						
FIE	Addr. 65 FREEMONT STREET, MARLBOROUG	GH, MASSACH	USETTS	01752						
CERTIFIE	Immediate Cause of Death ADVANCED DEMENTIA									
TI	nis permit authorizes the following Funeral Service	e Licensee or Des	ignee to r	emove, dispose or transport remains as listed below:						
	Funeral Licensee/ Designee NANCYG MORRIS			Lic # 50277						
101	Facility. MORRIS FUNERAL HOME, SOUTHB	OROUGH, MAS	SACHUS	ETTS						
SIT	Disposition Type BURIAL			Date of Disposition JULY 08, 2019						
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAI	o, SOUTHBORG	OUGH, M	ASSACHUSETTS 01772						
Er	dorsements									
	Registry of Vital Records and Statistics	Board of Health	Agent for:	SOUTHBOROUGH						
PERMIT	State Tracking # 029908	Local Permit#	19-7							
PER	Date JULY 02, 2019	Date	JULY 02	, 2019						
Ĺ		Name of Agent	JAMES 1	F. HEGARTY						
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
ATION	Place of Disposition (Facility Name and Address)		Signatur							
E Was sure to Sunskausel										
CONFIR	Disposition Type Date of Disposition The Emin Solune They for	2019	Name of	Superintendent or Althorized Destgnee:						

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

State File# 2019 025258

Information necessary for the Certificate of Death has been completed for:

Г	Decedent Name	WEBER, PAUL J.					
	Place of Death	5 CLIFFORD STREET, SOU	JTHBOROUGH, MA				
<u>_</u>	Date of Death	JUNE 01, 2019	Date of Birth J	ANUARY 11, 1961	Sex MALE		
DEN	Residence	5 CLIFFORD STREET, SOU	THBOROUGH, MASS ACHUS	ETTS 01772			
ECE	If U.S. veteran, specify war/conflict(s) (most recent) NO						
^	Branch of milita	ry (most recent)	Rank/organizati	ion/outfit(most recent)			
i							
i	Date entered(mo	ost recent)	Date Discharged (most recent)	Service Number(most r	recent)		
ł							
~	Certifier SEAM	IUS MARK, MD		Lic # 238902			
FIE	Addr. 900 UNI	ON STREET, WESTBOROUG	CH, MASSACHUSETTS 01581	a management of the second	error de la companya del companya de la companya de la companya del companya de la companya de l		
I T	Immediate Caus						
CE	CARDIAC EV	ENT					
Ľ							
TI	nis permit autho	rizes the following Funeral Se	rvice Licensee or Designee to rem	ove, dispose or transport	remains as listed below:		
z	Funeral License	el Designee NANCYG MORRIS		Lic	# 50277		
12			*****				

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Date

State Tracking #

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT 025258 Local Permit# **JUNE 03, 2019** Date

Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street 180 Street, MA 01608

Signature X

Disposition Type Cremation Date of Disposition 0 200199 JIIN I

Name of Superintendent or Authorized Designee: John H Cobill

Date of Disposition JUNE 07, 2019

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2019 032610

RECEIVED TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

<u> </u>							2019 JUL 22 A 4: 36		
	Decedent Name KE	Y , ELDA	·				ARTI SOL 22		
	Place of Death 65	WILLIAM (ONTHANK LANE	, southbore	OUGH, MA	\	SOUTHBOROUGH. MA		
T.	Date of Death JUI	LY 07, 2019		Da	te of Birth	APRIL 30, 1934	Sex FEMALE		
EN	Residence 65	WILLIAM (ONTHANK LANE	, SOUTHBOR	OUGH, MA	ASSACHUSETTS 0	1772		
ECEDENT	If U.S. veteran, specify	war/conflict(s) (most recent)						
DE	NO Branch of military (m	ost recent)		,	Rank/organiz	ation/outfit(most recen	nt)		
1	Date entered(most rec	ent)	Da	ate Discharged (m	ost recent)	Service Num b	er(most recent)		
	Certifier RASMIA AHMED, MD Lic # 216449								
IER	Addr. 571 UNION			ASSACHUSE	TS 01702				
TIF	Immediate Cause of D			Libbileileoz					
CERTIFIE	CARDIORES PIRA		REST						
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
z	Funeral Licensee/ Des	signee DAVI	D A CASPER				Lic # 6562		
SITION	Facility. CASPER I	FUNERAL A	AND CREMATIO	N SERVICES, I	BOSTON,	MASSACHUSETT	S		
SIT	Disposition Type CR	EMATION				Date of Disposit	ion JULY 22, 2019		
DISPO	Place/Address								
0	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184								
En	dorsements								
		ands and State	intion .	Poord of Health	/A gont for	SOUTHBOROUGH			
Ħ	Registry of Vital Rec	32610	ustics	Local Permit#	19-9	300 III BOROCGII			
ERMIT	l	32010 ULY 20, 201	10		JULY 22.	2010			
P.	Date J	ULX 20, 201	19	Date		•			
_				Name of Agent		F. HEGARTY			
z	I hereby certify that	the remains v	vere disposed of in a	ccordance with its	terms at the	place and date below	:		
ATION	Place of Disposition (Facility Name	and Address)		Signature	?			
IΣ					İ				
FIR					X				
CON	Disposition Type		Date of Disposition	1	Name of Superintendent or Authorized Designee:				
۲									

Acceptance of Permit

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Fo	00.190575 nm R-309 07012014 Formation neces	sary for the Certificate of	Commonwealth of Massachusett Registry of Vital Records and Statis DISPOSITION, REMOV OR TRANSPORTATIO PERMIT [Death has been completed for:	tlos State File #	2019 032610				
Γ	Decedent Name	KEY , ELDA							
	Place of Death	65 WILLIAM ONTHA	NK LANE, SOUTHBOROUGH, M						
۴	Date of Death	JULY 07, 2019	Date of Birth	APRIL 30, 1934	Sex FEMALE				
DENT	Rasidance	65 WILLIAM ONTHAI	nk lane, southborough, m	ASSACHUSETTS 017	72				
KCED	If U.S. veseran, specify warloonflici(s) (most recent)								
D I	Branch of militar	ry (most recent)	Rank/organ	zarion/ouifli(most recent)					
	Date entered(ma	ssi recent)	Date Discharged (most recent)	Service Number(n	nost recent)				
8	Certifier RASM	IIA AHMED, MD		1.10 # 216449	<u> </u>				
14			CHAM, MASSACHUSETTS 01702						
CERTIFIER	Immediate Cause CARDIORES P	of Death PRATORY ARREST							
T	nis permit author	rizes the following Funer	al Service Licensee or Designee to re	emove, dispose or trans	port remains as listed below:				
		Designee DAVID A CAS			LIC# 6562				
DISPOSITION	Facility. CASP	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS							
5	Disposition Type			Date of Desposition	JULY 22, 2019				
370	Place/Address		·		•				
2	BLUE HILL C	REMATORY, 700 REAR	R WEST STREET, BRAINTREE, M	MASSACHUSETTS 02	184 .				
Ĕ	dorsements								
_	Registry of Vited	Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH					
PERMIT	State Tracking #	032610	Local Permit # E-PERMI						
PER	Dale	JULY 20, 2019	Date						
			Name of Agent						
2	I hereby cortily t	hat the remains were dispos	ed of in accordance with its terms at the	place and date below;					
FIRMATION	Place of Dispositi	on (Facility Name and			-				
ž					\ 				
			60 14 d		,				
٥	Disposition Type		Rige		ie;				
u .	Crem			F - F - T - 1	i+•				

Acceptance of Permit

Permits printed with the designation " This designation indicates that the des dosignated agents will later assign a p by the city or town clerk or registrar. acceptance for disposal.

A cremation clearance from the Offic certificates, the cremation clearance n of this form.

After confirmation of disposition, the rctain a copy for their records.



700 West Street, Braintree, MA02184 Date of Cremation: 7/23/2019

Gerald M. Ridge, Jr., President

Entrusted to Our Care C

f the Local Permit #, poards of health or their d prior to registration or and date prior to

-certified death d is indicated at the top

t as listed above and



Gerald M. Ridge, Jr. President

COVER SHEET - ELECTRONIC TRANSMITTAL OF DISPOSITION PERMIT(S)

TO:

Designated Municipal Agent / Primary "Burial Agent"

(Board of Health, Health Department, Municipal Clerk, etc.)

FROM:

Blue Hill Cemetery & Crematory

RE:

Commonwealth of Massachusetts

Registry of Vital Records & Statistics

DISPOSITION, REMOVAL or TRANSPORTATION PERMITS (Burials, Cremations, Entombments, Disinterments, etc.)

In compliance with *Massachusetts General Law, Part 1, Title XVI, Chapter 114, Section 47*, the following pages (page) are (is) being forwarded to your attention.

Because cemeteries and crematories do not have access to the Commonwealth's VIP Electronic Death Registration System (EDRS), we have opted to transmit our records to you via fax or email.

If you have received these documents in error or have questions or concerns regarding this transmittal, please contact Joe Walker at 781-843-9000.

Thank you for your time and consideration in this matter.

CONFIDENTIALITY STATEMENT: The documents accompanying this facsimile or email transmittal are intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you are not the intended recipient, you are hereby notified that law strictly prohibits any disclosure, copying, distribution or action taken in reliance on the contents of these documents. If you have received this fax in error, please notify the sender immediately to arrange for return of these documents.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File #

2019 028630

Form R-309 07012014

RECEIVED

Inf	ormation necessary for the Certific	ate of Death has been com	pleted for:	2000 WENT OF	· -		
	Decedent Name BARNES , ED	WARD W		2019 JUL 25 P	1: 19		
	Place of Death 22 WILDWOOD	DRIVE, SOUTHBOROUG	GH, MA				
Т	Date of Death JUNE 24, 2019		Date of Birth	FEBRUARY OS, 1927 HBORQUEH	MA		
DENT	Residence 22 WILDWOOD	DRIVE, SOUTHBOROUG	GH, MASSACH	IUS ETTS 01772	*		
ECED	If U.S. veteran, specify war/conflict(s) (WWII	most recent)					
D F	Branch of m ilitary (most recent) NAVY			zation/outfit(most recent) N 3RD CLASS	y *		
	Date entered(most recent) MARCH 31, 1944	Date Discharge MAY 24, 1946	Oate Discharged (most recent) Service Number (most recent) 804 04 81				
R	Certifier DAVID J CANCIAN, MI			Lic# 78517			
12	Addr. 521 MT AUBURN STREET	, SUITE 202, WATERTO	WN, MASSAC	HUSETTS 02472			
CERTIFI	Immediate Cause of Death PNEUMONIA						
Th	is permit authorizes the following	Funeral Service Licensee	or Designee to r	emove, dispose or transport remains as	listed below:		
,	Funeral Licensee/ Designee HENRY	C BOYLE, III		Lic # 6156			
10	Facility. BOYLE BROTHERS FU	NERAL HOME, INC., FR	AMINGHAM,	MASSACHUSETTS			
SPOSITION	Disposition Type BURIAL			Date of Disposition JUNE 29, 2019			
ISPC	Place/Address CALVARY CEMETERY, 250 HIGH STREET, WALTHAM, MASSACHUSETTS 02451						
DI	C. III WART CANADIANT, 200 III	OII STILLII, WILLIAM					
En	dorsements						
Г	Registry of Vital Records and Statisti	cs Board of F	Health/Agent for:	SOUTHBOROUGH			
ERMIT	State Tracking # 028630	Local Perm	it# E-PERM	T			
PER	Date JUNE 25, 2019	Date					
		Name of Ag	gent				
Z	I hereby certify that the remains were	=	th its terms at the	e place and date below:			
тіс	Place of Disposition (Facility Name and	,	Signatur				
CONFIRMATION	Calvayi	al dun	x 2	Br Il			
	Disposition Type Bull D	ate of Disposition (4) 29/(9)	Name of	Superintendent or Authorized Designee:			
· 1		$\omega \in (119)$	I				

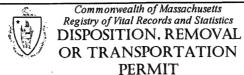
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2019 034449

Information necessary for the Certificate of Death has been completed for:

Decedent Name LABARRE , ANNETTE MARIE 32 BOSTON ROAD, SOUTHBOROUGH, MA Place of Death Date of Birth APRIL 18, 1937 SOUTHBOROUGHEMAN Date of Death JULY 30, 2019 32 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Date Discharged (most recent) Service Number(most recent) Date entered (most recent) Lic # 157585 Certifier EDYTA KONRAD, MD Addr. 320 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752 Immediate Cause of Death CARDIAC ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition AUGUST 02, 2019 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 034449 Local Permit# 09-10 **AUGUST 01, 2019 AUGUST 01, 2019** Date Date JAMES F. HEGARTY Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Facility Name and Address) Signature Name of Superintendent or Authorized Designee:

Acceptance of Permit

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

ohn 74. Cohile

Name of Superintendent or Authorized Designee:

Iohn H Gobill



Acceptance of Permit

Disposition Type

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2019

Date of Disposition

AUG_0

X

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





2019 036409 State File #

Info	ormation necessary for the Certificate	of Death has been complet	eu ior:							
	Decedent Name MCKINLEY , JOR	Y DAMON								
	Place of Death 8 FLAGG ROAD, SO	UTHBOROUGH, MA								
_	Date of Death AUGUST 09, 2019	L	ate of Birth	MARCH 09, 1962	Sex	MALE				
EN	Residence 8 FLAGG ROAD, SO	UTHBOROUGH, MASS	ACHUS ET 7	S 01772						
ECEDENT	If U.S. veteran, specify war/conflict(s) (most	recent)								
DE	NO Branch of military (most recent)		Rank/organization/outfit(most recent)							
		Date Discharged (1	most racent)	Service Number(mo	st recent)					
	Date entered(most recent)	Date Dischargea (1	nosi recent)	Service Number (mo						
×	Certifier RICHARD J. EVANS, MD									
FIE	Addr. 55 LAKE AVENUE N, WORCE	STER, MASSACHUSEI	TS 01655							
CERTIFIER	Immediate Cause of Death HANGING									
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
z	Funeral Licensee/ Designee NANCY G M	IORRIS			Lic # 50277					
LIO N	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS									
081710	Disposition Type CREMATION			Date of Disposition A	UGUST 16,	2019				
DISPC	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
D	AURAL CEMETERT (CRESTATORI), 100 GROVE STREET, WORCESTERS WEST CONTROLLED TO STREET									
En	dorsements									
	Registry of Vital Records and Statistics	Board of Hea	th/Agent for:	SOUTHBOROUGH						
RMIT	State Tracking # 036409	Local Permit ‡	19-11							
PER	Date AUGUST 14, 2019	Date		Г 14, 2019						
		Name of Agen	JAMES	F. HEGARTY						
z	I hereby certify that the remains were dis	posed of in accordance with i	ts terms at th	e place and date below:						
T10	Place of Disposition (Facility Name and Ad	dress)	Signatur	·e						
M A										
FIR			X							
CONFIRMATION	Disposition Type Date of	of Disposition	Name of	Superintendent or Authorized	Designee:					
~	l l		- 1							

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION OCME CASE # 2019-10069

State File #

2019 036409

PERMIT

Inf	ormation neces	sary for the Certificate of Deat	th has been completed for:						
Г	Decedent Name	MCKINLEY, JORY D	AMON						
	Place of Death	Place of Death 8 FLAGG ROAD, SOUTHBOROUGH, MA							
F	Date of Death	AUGUST 09, 2019	Date of Birth	MARCH 09, 1962	Sex MALE				
EN	Residence	8 FLAGG ROAD, SOUTHB	OROUGH, MASSACHUSEI	TS 01772					
ECEDEN	If U.S. veteran, s	pecify war/conflict(s) (most recent)							
a	Branch of milita	ry (most recent)	Rank/orga	nization/outfit(most recent)					
	Date entered(mo	ost recent)	Date Discharged (most recent)	Date Discharged (most recent) Service Number(most recent)					
\vdash	Certifier RICHARD J. EVANS, MD								
FIER		AVENUE N. WORCESTER	MASSACHUSETTS 01655						
CERTII	Immediate Cause HANGING			**************************************					
T	his permit autho	orizes the following Funeral Se	ervice Licensee or Designee to	remove, dispose or transp	ort remains as listed below:				
z	Funeral License	e/Designee NANCY G MORRI	S	Lic # 5027 7					
	Facility. MOR	RIS FUNERAL HOME, SOU	THBOROUGH, MASSACHU	JSETTS					
118	Disposition Type	CREMATION		Date of Disposition AUGUST 16, 2019					
DISPOSITIO	Place/Address RURAL CEM								
E	idorsements								
[Registry of Vita	l Records and Statistics	Board of Health/Agent fo	r: SOUTHBOROUGH					
MIT	State Tracking #	036409	Local Permit# E-PER	MIT					
PER	Date	AUGUST 14, 2019	Date -						
		·							

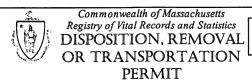
	F 1				
١	MI	State Tracking # 036409		Local Permit#	E-PERMIT
1	PER	Date AUGUST 14	, 2019	Date	
				Name of Agent	
ſ	Z	I hereby certify that the remains	were disposed of in ac	cordance with its	terms at the place and date below:
	RMATIO	Place of Disposition (Facility Name	e and Address) Rural Cemete 180 Grove Str Worcester, Ma	ry eei A D1605	Signature X Sohn 74. Cohill X
1	5	Marie Company			V ()
1	ê	Disposition Type	Date of Dipp Gon	5 2019	Name of Superintendent or Authorized Designee:
Ł	_	Cremation			John H Cobill

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2019 038933

Information necessary for the Certificate of Death has been completed for:

1											
	Decedent Name	Decedent Name GAGNON, MARY JANE									
	Place of Death	237 CORDAVI	LLE ROAD, SO	UTHBOROUGH	, MA						
F	Date of Death	AUGUST 30, 2	019	Da	te of Birth	SEPTI	EMBER 16, 19	37	Sex	FEMALE	
EN	Residence	80 NEWTON S	TREET, FAIRFI	ELD, CONNEC	FICUT 06	6824					
CEDE		pecify war/conflict(s) (most recent)								
DE	NO Branch of milita	rv'(most recent)		R	Rank/organization/outfit(most recent)						
	Date entered(mo	ost recent)	D	ate Discharged (mo 	st recent)		Service Number(most rece	nt)		
-	Certifier ERIC J ROELAND, MD Lic # 273842										
RTIFIER	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114										
T.	Immediate Cause of Death										
CE	CHOLANGIO	CHOLANGIOCARCINOMA CANCER									
TI	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
Funeral Licensee/Designee NANCY G MORRIS Lic # 50277											
10 N	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
SIT	Disposition Type REMOVAL FROM STATE Date of Disposition SEPTEMBER 07, 2019						R 07, 2019				
SPOSITIO	Place/Address										
10	ST THOMAS CEMETERY, MILL PLAIN ROAD, FAIRFIELD, CONNECTICUT 06824										
Er	ldorsements										
	Registry of Vita	ıl Records and Stat	istics	Board of Health	/Agent for	r: SOUTI	IBOROUGH				
MIT	State Tracking #	038933		Local Permit#	19-13						
E.R.	Date	AUGUST 30	, 2019	Date	SEPTEN	MBER 0	3, 2019				
-				Name of Agent	JAMES F. HEGARTY						
2	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	he place a	nd date below:				
ATION		tion (Facility Name	=	-	Signatu						
MA											
ONFIRM					X						
ON	Disposition Type	2	Date of Disposition	n	Name of	Superint	endent or Author	ized Desig	gnee:		
0											

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





2019 038970 State File #

PERMIT

Int	ormation neces	sary for the Cert	ificate of Death h	ias been complete	d tor:				
	Decedent Name	BERNDT ,	ELIS ABETH -						
1	Place of Death	36 MARLBOR	O ROAD, SOUT	HBOROUGH, M	A				
۳	Date of Death	AUGUST 29, 2	019	Da	te of Birth	MAY 22, 1938	Sex	FEMALE	
EN	Residence	36 MARLBOR	O ROAD, SOUT	HBOROUGH, M	ASSACH	IUSETTS 01772			
ECED		pecify war/conflict((s) (most recent)						
DE	NO Branch of militar	ry (most recent)			ank/organ	ization/outfit(most recent)			
	Date entered(mo	ost recent)	<i>L</i>	Date Discharged (mo 	ost recent)	Service Number(mo	ost recent)		
~	Certifier ROBE	RT C. JANDL,	MD			Lic # 51036			
RTIFIER	Addr. 24 NEW	TON STREET,	SOUTHBOROU	GH, MASSACHT	JSETTS 0	1772			
CERT	Immediate Cause T-CELL LYM								
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
z	Funeral Licenses	e/Designee SCO	TT A. JOHNSTO	N			Lic # 6373		
	Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS								
SI	Disposition Type				Date of Disposition S	EPTEMBEF	R 06, 2019		
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
۵	NORTH CHARLICKI), 100 GROTE DIRECT, WORKED LENG MEDDINGTONE IN 11003								
En	dorsements								
<u>ـ</u> ا	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for	: SOUTHBOROUGH			
ERMIT	State Tracking #	038970		Local Permit#	19-12				
PER	Date	AUGUST 31	, 2019	Date	SEPTEM	IBER 03, 2019			
				Name of Agent	JAMES	F. HEGARTY			
Z	I hereby certify	that the remains v	vere disposed of in	accordance with its	terms at th	e place and date below:			
RMATIO	Place of Disposit	tion (Facility Name	and Address)		Signatur	re			
M A									
FI					X				
C 0 1	Disposition Type Date of Disposition			n	Name of Superintendent or Authorized Designee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

John H Cobill

2019 038970

000		OSITION, R. TRANSPORT PERMIT						
Inf	ormation necessary for the Certificate of Death ha	as been completed	for:					
	Decedent Name BERNDT, ELISABETH — Place of Death 36 MARLBORO ROAD, SOUTH							
ENT	Date of Death AUGUST 29, 2019 Residence 36 MARLBORO ROAD, SOUTI		of Birth MAY	•	Sex	FEMALE		
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent)		nk/organization/or		-			
	Date entered(most recent) De	ate Discharged (mos	recent)	Service Number(most rece	nt)			
CERTIFIER	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Immediate Cause of Death							
-	is permit authorizes the following Funeral Servic	e Licensee or Desi	gnee to remove	dispose or transport re	maines	as listed helow:		
Z	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373							
DISPOSITIO	Facility. SLATTERY FUNERAL HOME, INC., N Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATORY), 180 GR		D	ate of Disposition SEPTE		06, 2019		
En	dorsements							
Ŀ	Registry of Vital Records and Statistics	Board of Health/A	gent for: SOUTI	HBOROUGH				
PERMIT	State Tracking # 038970 Date AUGUST 31, 2019	Local Permit # Date Name of Agent						
z	I hereby certify that the remains were disposed of in a	ccordance with its to	rms at the place a	nd date below:				
NFIRMATION	Place of Disposition (Facility Name and Address) Rural Cemeter 180 Grove Sur Worcester, M.			hn 74. Col		_		
CON	Disposition Type Date of Disposition	4 2019		endent or Authorized Design	nee:			

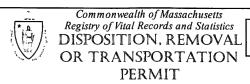
Acceptance of Permit

Gremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2019 039843

Information necessary for the Certificate of Death has been completed for:

Decedent Name GRUMNEY, GLORIA

Place of Death 69 OREGON ROAD, SOUTHBOROUGH, MA

Date of Death **SEPTEMBER 02, 2019** Date of Birth SEPTEMBER 29, 1930

FEMALE Sex

Residence 69 OREGON ROAD, SOUTHBOROUGH, MASSACHUS ETTS 01772

If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier DAVID CHODIRKER, MD

Lic # 74617

Addr. 173 WORCESTER STREET, SUITE 1, WELLESLEY, MASSACHUSETTS 02481

Immediate Cause of Death

ASPIRATION PNEUMONIA

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee FRANCIS J JOYCE

Lic # 5979

Facility. FRANCIS J. JOYCE & SON, INC., WALTHAM, MASSACHUSETTS

Disposition Type DONATION

Date of Disposition SEPTEMBER 06, 2019

Place/Address

HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115

Endorsements

CONFIRMATION

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH 039843 Local Permit# **E-PERMIT** State Tracking # Date **SEPTEMBER 06, 2019** Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Equility Name and Address) BOSTON, MA

Signature

Date of Disposition

Name of Superintendent or Authorized Designee:

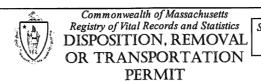
MARK CICCHETTI

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2019 039843

Information necessary for the Certificate of Death has been completed for:

l										
	Decedent Name GRUMNEY ,	GLORIA								
	Place of Death 69 OREGON RO	OAD, SOUTHBO	ROUGH, MA							
ı.	Date of Death SEPTEMBER 02	2, 2019	Da	te of Birth	SEPTEMBER 29, 1930	Sex	FEMALE			
ECEDENT	Residence 69 OREGON RO	OAD, SOUTHBO	ROUGH, MASS	SACHUSI	ETTS 01772					
CEL	If U.S. veteran, specify war/conflict(s)	(most recent)								
DE	NO Branch of military (most recent)		F	Rank/organization/outfit(most recent)						
	Date entered (most recent)	Da	te Discharged (mo	st recent)	Service Number(most i	recent)				
Н	Certifier DAVID CHODIRKER,	MD			Lic # 74617					
CERTIFIER	Addr. 173 WORCESTER STRE		TIESLEY. MA	ASSACHI						
TIF	Immediate Cause of Death	EI, SCIIE I, WI								
CER	ASPIRATION PNEUMONIA									
773										
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 5979									
DISPOSITION	Funeral Licensee/Designee FRANC					05.15				
	Facility. FRANCIS J. JOYCE &	SON, INC., WAI	LTHAM, MASS	ACHUSE			204 2010			
081	Disposition Type DONATION Date of Disposition SEPTEMBER 06, 2019									
ISP	Place/Address HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115									
L										
En	dorsements									
<u> </u>	Registry of Vital Records and Statis	stics	Board of Health	Agent for:	SOUTHBOROUGH					
PERMIT	State Tracking # 039843		Local Permit#	19-14						
PER	Date SEPTEMBER	06, 2019	Date	SEPTEM	IBER 09, 2019					
-			Name of Agent	nt JAMES F. HEGARTY						
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
z	I hereby certify that the remains we	ere disposed of in ac	cordance with its	terms at th	e place and date below:					
TION	I hereby certify that the remains we Place of Disposition (Facility Name a		cordance with its	Signatur						
MATION			ecordance with its	Signatur						
FIRM			ecordance with its	Signatur X	re					
Σ	Place of Disposition (Facility Name a			Signatur X		esignæ:				

Acceptance of Permit

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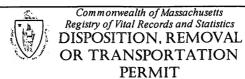
State of Maine Department of Health and Human Services Permit for Disposition of Human Remains

Distribution of Copie	es: Place of Final D	Disposition	Place Permit Issue Issuing Clerk – Re	d tain Until Endorsement Received		
1. FULL NAME OF DECEASED (FI			2. DATE C	DF DEATH (Mo., Day, Yr.) or 03, 2019		
3. SEX 4. AGE 5. WAS	DECEDENT Yes I	6. PLACE OF DEATH (City or South Portland, Maine		(State)		
7a. NAME AND ADDRESS OF FAC Conroy-Tully Walker Funeral 172 State Street Portland, Ma	LILITY OR AUTHORIZED PER Homes & Cremation Servaine 04101	son rices		IL HO10708 HO10708		
8. PERMISSION REQUESTED FO	R: (Check All That Apply)	Temporary Storage	Burial (Cremation Entombment		
9. AUTHORIZATION FOR PERMIT Comp Death Certif	Death Death	Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	Use by Medical Science Application or Court Order for Disinterment	Disinterment Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation		
	Y GRANTED TO REMOV		E HUMAN REMA	INS IDENTIFIED ABOVE		
10. SIGNATURE OF CLERK OR (s	ee #11)	10b. CITY OR TOWN		10c. DATE SIGNED (Mo., Day, Yr.)		
11. SIGNATURE OF STREETST	11 Lans	11b. SUBREGISTRAR Of appointed by):	F (List Municipality	11c. DATE SIGNED (Mo., Day, Yr.)		
→		Portland,	ME	10/4/2019		
	12. NAME OF CEMETERY (DISPOSITION OR VAULT	13. LOC	ATION (City or Town) (State)		
REMAINS WERE PLACED IN TEMPORARY STORAGE	14. SIGNATURE OF PERSO	N IN CHARGE OR MUNICIPA	L OFFICIAL	15. DATE (Mo., Day, Yr.)		
STORAGE	→					
REMAINS WERE: BURIED	16. NAME OF CEMETERY, OTHER DESTINATION	CREMATORY, MEDICAL SCI		ATION (City or Town) (State)		
CREMATED ENTOMBMENT BURIED AT SEA	18. SIGNATURE OF PERSON DIRECTOR, OR OTHER AU	N IN CHARGE, MUNICIPAL O THORIZED PERSON	PFFICIAL, FUNERAL	19. DATE (Mo., Day, Yr.) 10/15/3019		
, MEDICAL USE	20. NAME OF CEMETERY,	OR OTHER DESTINATION	21. LOC	ATION (City or Town) (State)		
▼ REMOVED FROM STATE	Morris Funera			hborough, MA		
	22. SIGNATURE OF PERSON DIRECTOR, OR OTHER AU	N IN CHARGE, MUNICIPAL O	FFICIAL, FUNERAL	23. DATE (Mo., Day, Yr.)		
	→× Mancy	Marin		10/6/2019		
DISPOSITION OF CREMATED REMAINS:	24. Buried To Family Scattered	25. NAME OF CEMET	ERY, OTHER LOCAT	ION OR RECIPIENT		
	26. SIGNATURE OF PERSON →	N IN CHARGE OR MUNICIPAL	L OFFICIAL	27. DATE (Mo., Day, Yr.)		
REMAINS WERE	28. NAME OF CEMETERY (OR VAULT	29. LOC	ATION (City or Town) (State)		
DISINTERRED	30. SIGNATURE OF PERSON	N IN CHARGE OR MUNICIPA	L OFFICIAL	L 31. DATE (Mo., Day, Yr.)		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.







State File # 2019 045915

OCME CASE # 2019-12832

Inf	ormation neces	sary for the Cert	ficate of Death l	as been complete	d for:			
	Decedent Name	DANAHY ,	PAUL A					
	Place of Death	RED ROOF IN	N, SOUTHBOR	OUGH, MA				
-	Date of Death	OCTOBER 09,	2019	Da	te of Birth	APRIL 10, 1948	Sex	MALE
EN	Residence	3379 NE 80TH.	AVENUE, HIG	H SPRINGS, FLO	RIDA 32	643		
DECEDE	VIETNAM	pecify war/conflict(s) (most recent)					
"	Branch of military (most recent) COAST GUARD				lank/organi DC3	zation/outfit(most recent)		
	Date entered (mo MAY 22, 1967			Date Discharged (mo MAY 21, 1973		Service Number(mos 369232	st recent)	
~	Certifier RICHARD J. EVANS, MD Lic # 58622							
RTIFIE	Addr. 55 LAKE	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655						
CERTI	Immediate Cause ATHEROS CL	e of Death EROTIC CARD	IOVAS CULAR	DISEASE WITH	CORON	ARY ARTERY		
TI	is permit autho	rizes the followi	ng Funeral Serv	ice Licensee or De	signee to r	emove, dispose or transpo	ort remains	as listed below:
	Funeral License	e/Designee CHRI	STINA BARBO	ZA		1	Lic # 51179	
NOI	Facility. NEPTUNE CREMATION SERVICE, WEYMOUTH, MASSACHUSETTS							
SIT	Disposition Type	CREMATION				Date of Disposition ${f 0}$	CTOBER 1	5, 2019
DISPOSITIO	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131							
Er	dorsements							
۱_	Registry of Vita	l Records and Sta	tistics		/Agent for	SOUTHBOROUGH		
MIT	State Tracking #	045915		Local Perm it #	19-15			
PER	Date	OCTOBER 1	15, 2019	Date		ER 16, 2019		
				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains v	vere disposed of in	accordance with its	terms at th	e place and date below:		
T10	Place of Disposi	tion (Facility Name	and Address)		Signatur	e		
FIRMATION					X			
CONFI	Disposition Type	?	Date of Dispositi	on	Name of	Superintendent or Authorized	Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

- W

		ommonwealth of Massachusetts						
	Regis DISI	stry of Vital Records and Statistics State File # 2019 045915 POSITION, REMOVAL						
000	OR OR	TRANSPORTATION OCME CASE # 2019-12832						
Fore	n R-309 07012014	PERMIT						
Inf	ormation necessary for the Certificate of Death h	nas been completed for:						
	Decedent Name DANAHY, PAUL A							
	Place of Death RED ROOF INN, SOUTHBOR	OUGH, MA						
	Date of Death OCTOBER 09, 2019	Date of Birth APRIL 10, 1948 Sex MALE						
ENT	Residence 3379 NE 80TH. AVENUE, HIGH SPRINGS, FLORIDA 32643							
C E D	If U.S. veteran, specify war/conflict(s) (most recent)	• • • • • • • • • • • • • • • • • • •						
DE	VIETNAM							
	Branch of military (most recent) COAST GUARD	Rank/organization/outfit(most recent) DC3						
		Date Discharged (most recent) Service Number (most recent)						
\vdash	MAY 22, 1967 Certifier RICHARD J. EVANS, MD	MAY 21, 1973 369232 Lic# 58622						
ER								
RTIFIE	Addr. 55 LAKE AVENUE N, WORCESTER, MASS ACHUS ETTS 01655 Immediate Cause of Death							
CER	ATHEROS CLEROTIC CARDIOVAS CULAR DISEASE WITH CORONARY ARTERY							
Th	is permit authorizes the following Funeral Servi	ce Licensee or Designce to remove, dispose or transport remains as listed below:						
	Funeral Licensee/Designee CHRISTINA BARBOZ	1. 1. 5.150						
	Facility. NEPTUNE CREMATION SERVICE, WEYMOUTH, MASSACHUSETTS							
NOL	Facility. NEPTUNE CREMATION SERVICE, V	WEYMOUTH, MASSACHUSETTS						
SITI		·						
POSITIO	Disposition Type CREMATION Place/Address	Date of Disposition OCTOBER 15, 2019						
DISPOSITI	Disposition Type CREMATION Place/Address	·						
DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI	Date of Disposition OCTOBER 15, 2019						
DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements	Date of Disposition OCTOBER 15, 2019 ERBURY STREET, BOSTON, MASSACHUS ETTS 02131						
Odsid 🔄	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics	Date of Disposition OCTOBER 15, 2019 ERBURY STREET, BOSTON, MASSACHUS ETTS 02131 Board of Health/Agent for: SOUTHBOROUGH						
MIT 🔄 DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915	Date of Disposition OCTOBER 15, 2019 ERBURY STREET, BOSTON, MASSACHUS ETTS 02131 Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT						
Odsid 🔄	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics	Date of Disposition OCTOBER 15, 2019 ERBURY STREET, BOSTON, MASSACHUS ETTS 02131 Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date						
MIT 🔄 DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915	Date of Disposition OCTOBER 15, 2019 ERBURY STREET, BOSTON, MASSACHUS ETTS 02131 Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT						
PERMIT F DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915 Date OCTOBER 15, 2019 I hereby certify that the remains were disposed of in a	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date Name of Agent Baccordance with its terms at the place and date below:						
PERMIT F DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915 Date OCTOBER 15, 2019 I hereby certify that the remains were disposed of in a	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date Name of Agent Baccordance with its terms at the place and date below:						
PERMIT F DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915 Date OCTOBER 15, 2019 I hereby certify that the remains were disposed of in a place of Disposition (Facility Name and Address) Sinchaed Cremator Stope 500 Canticinary Street	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date Name of Agent Signature Signature						
PERMIT S DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915 Date OCTOBER 15, 2019 I hereby certify that the remains were disposed of in a	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date Name of Agent Signature Signature						
MIT 🔄 DISPO	Disposition Type CREMATION Place/Address SAINT MICHAEL CREMATORY, 500 CANTI dorsements Registry of Vital Records and Statistics State Tracking # 045915 Date OCTOBER 15, 2019 I hereby certify that the remains were disposed of in a Place of Disposition (Facility Name and Address) St. Michael Cremato 500 Cantertory Streen Boston. MA 02131 Disposition Type, Date of Dispositio	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date Name of Agent accordance with its terms at the place and date below: Signature X. Muchael Sheebean						

Acceptance of Permit

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION COME CASE # 2019-12900 **PERMIT**

State File#

2019 046587

Form R-309 07012014

Inf	Information necessary for the Certificate of Death has been completed for:								
-	Decedent Name	FOSTER, V	VALTER	M					
	Place of Death 3 AS PENWOOD LANE, SOUTHBOROUGH, MA								
F	Date of Death	OCTOBER 11,	2019		Da	te of Birth	OCTOBER 10, 1949	Sex MALE	
DEN	Residence	3 AS PENWOO	D LANE,	SOUTHB	OROUGH, M	ASSACH	USETTS 01772		
DECEDENT	If U.S. veteran, s NO	pecify war/conflict((s) (most rece	ent)					
۵	Branch of milita	ry (most recent)			F	Rank/organization/outfit(most recent)			
	Date entered(mo	ost recent)		Date	Discharged (mo	ost recent)	Service Number(most)	recent)	
_	Certifier IRINI	A. SCORDI-BE	LLO, MD				Lic # 269344		
FIE	Addr. 720 ALB	ANY STREET,	BOSTON	, MASSA	CHUSETTS 0	2118			
CERTIFIER	Immediate Cause GUNSHOT W	e of Death OUND OF HEA	D						
Th	is permit autho	rizes the followi	ng Funera	l Service I	icensee or De	signee to r	emove, dispose or transpor	t remains as listed below:	
-	Funeral License	e/Designee SCO	TT A. JOH	NSTON			Lic	# 6373	
101	Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS								
SIT	Disposition Type CREMATION Date of Disposition OCTOBER 21, 2019								
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
_	Registry of Vita	l Records and Sta	tistics	1	Board of Health	Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	046587		1	Local Permit#	19-16			
PER	Date	OCTOBER 2	20, 2019	1	Date	OCTOBER 21, 2019			
				1	Vame of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains v	vere dispose	d of in acco	ordance with its	terms at th	e place and date be low:		
T10	Place of Disposi	tion (Facility Name	and Addres.	s)		Signatur	re		
W A									
FIRE						X			
CONFIRMATION	Disposition Type		Date of Di	sposition		Name of	Superintendent or Authorized D	esignee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

72 H27



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2019 048601

Info	Information necessary for the Certificate of Death has been completed for:								
	Decedent Name BRODERICK, MARY DELIMA								
	Place of Death 6 BLUEBERRY LANE, SOUTHBOROUGH, MA								
1	Date of Death OCTOBER 25, 2019	Da	te of Birth	MARCH 30, 1944	Sex	FEMALE			
DENT	Residence 6 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECE	If U.S. veteran, specify war/conflict(s) (most recent) NO								
Q	Branch of military (most recent)	F.	ank/organi	zation/outfit(most recent)					
	Date entered(most recent)	Date Discharged (mo	ost recent)	Service Number(most	recent)				
~	Certifier WENDY J. PARKER, MD			Lic # 57399					
TIFIE	Addr. 307 W CENTRAL STREET, NATICK, M	ASSACHUSETT	S 01760						
CERTI	Immediate Cause of Death RENAL FAILURE								
Th	is permit authorizes the following Funeral Servic	ce Licensee or De	signee to r	emove, dispose or transpor	t remains	as listed below:			
z	Funeral Licensee/ Designee JOHN A. MATARES E, JR Lic # 6664								
01.	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS								
POSITIO	Disposition Type CREMATION Date of Disposition NOVEMBER 01, 2019					01, 2019			
DISPO	Place/Address WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASSACHUSETTS 02703								
En	dorsements								
₋	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH							
PERMIT	State Tracking # 048601	Local Permit #	Local Permit # 17						
PER	Date OCTOBER 31, 2019	Date NOVEMBER 01, 2019							
		Name of Agent	JAMES	F. HEGARTY					
z	I hereby certify that the remains were disposed of in a	eccordance with its	terms at th	e place and date below:					
FIRMATION	Place of Disposition (Facility Name and Address)		Signatur	е					
MA									
FIR			X						
CON	Disposition Type Date of Disposition	n	Name of	Superintendent or Authorized E	esignee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

NOVEMBER 13, 2019

Rural Cemetery 180 Grove Street Worcester, MA D1608

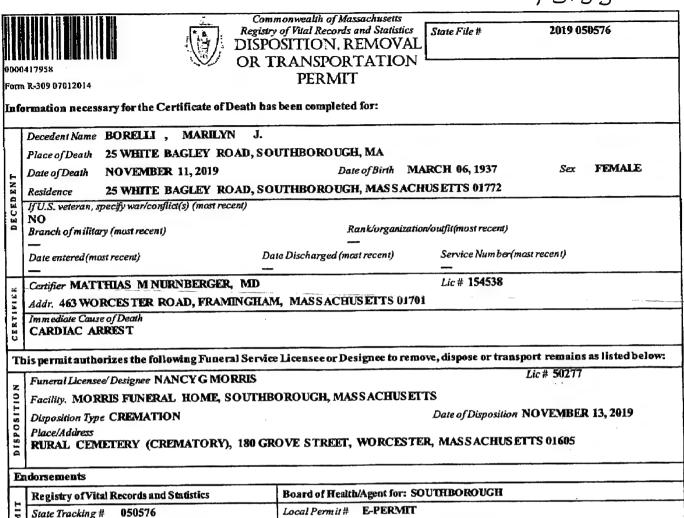
Date of Disposition

NOV

Place of Disposition (Facility Name and Address)

Cremation

73133



Acceptance of Permit

Disposition Type

PER

CONFIRMATION

Date

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

ohn H. Cohill

Name of Superintendent or Authorized Designee:

John H Cobill

Date

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Name of Agent

5 2019

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File# 2019 051238

Forn	n R-309 07012014			I LIVIVII	1				
Info	ormation necess	ary for the Certi	ificate of Deatl	h has been complete	d for:				
_	Decedent Name	MILNE, AI	FRED D						
	Place of Death	185 CORDAVI	LLE ROAD, S	OUTHBOROUGH	,MA				
F	Date of Death	NOVEMBER 1	5, 2019	Da	te of Birth	SEPTEMBER 17, 1946	Sex M	ÍALE	
DECEDENT	Residence 310 BRESSETT ROAD, WILLIAMS TOWN, MASSACHUSETTS 01267								
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent)			F	ank/organ	ization/outfit(most recent)			
	ARMY				SP4				
	Date entered (mo. OCTOBER 11.			Date Discharged (mo JULY 31, 1971	the Discharged (most recent) LY 31, 1971 Service Number (most 11962477)				
R	Certifier ASHR	AF ELKERM, N	MD			Lic # 81917			
FIE			OMINSTER, I	MASSACHUSETTS	01453				
CERTIFIE	Immediate Cause METAS TATIO	of Death ADENOCARO	CINOMA PAN	CREAS					
Th	is permit autho	rizes the followi	ng Funeral Sei	rvice Licensee or De	signee to 1	remove, dispose or transport		isted below:	
z	Funeral Licensee/ Designee JOHN A. MATARESE Lic # 5276								
r10	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS								
SI	Disposition Type CREMATION Date of Disposition NOVEMBER 19, 2019								
DISPOSITION	Place/Address WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASSACHUSETTS 02703								
En	dorsements								
_	Registry of Vita	Records and Stat	istics	Board of Health	Board of Health/Agent for: SOUTHBOROUGH				
PERMIT	State Tracking #	051238		Local Permit#	201920				
PER	Date	NOVEMBER	18, 2019	Date	NOVEM	IBER 25, 2019			
				Name of Agent	JAMES F. HEGARTY				
N	I hereby certify	that the remains w	vere disposed of	in accordance with its	terms at th	ne place and date below:			
T10	Place of Disposit	ion (Facility Name	and Address)		Signatur	re			
MA									
FIR					X				
CONFIRMATION	Disposition Type		Date of Disposi	ition	Name of	Superintendent or Authorized Des	ignee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION OCME CASE # 2019-15665

State File#

2019 055377

PERMIT

Inf	ormation necess	ary for the Certificate of Deat	h has been completed for:								
	Decedent Name	TITUS , ROBERT H									
	Place of Death										
_	Date of Death	DECEMBER 09, 2019	Date of Birt	h JANUARY 09, 1957	Sex MALE						
DECEDENT	Residence 4 MOORE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772										
	If U.S. veteran, sp	pecify war/conflict(s) (most recent)									
	Branch of militar	y (most recent)	Rank/org	anization/outfit(most recent)	=						
	Date entered(mod	st recent)	Date Discharged (most recent	Service Number(most	L						
~	Certifier ANAN	D B. SHAH, MD		Lic # 263749	田 名 一品						
FIE	Addr. 720 ALB	ANY STREET, BOSTON, MA	ASSACHUSETTS 02118		S - MC						
CERTIFIER	Immediate Cause HANGING	of Death			P P P						
Tł	nis permit autho	rizes the following Funeral Se	rvice Licensee or Designee t	o remove, dispose or transpor	t remains as listed below:						
~	Funeral Licensee	Designee NANCY G MORRIS		Lie	c# 50277 O F						
101	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
SIT	Disposition Type	CREMATION		Date of Disposition DE	CEMBER 12, 2019						
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605										
En	dorsements										
_	Registry of Vital	Records and Statistics	Board of Health/Agent f	or: SOUTHBOROUGH							
PERMIT	State Tracking #	055377	Local Permit# E-PER	MIT							
PER	Date	DECEMBER 11, 2019	Date —								
			Name of Agent —								
Z	I hereby certify t	that the remains were disposed of	in accordance with its terms at	the place and date below:							
ATION	Place of Disposit	ion (Facility Name and Address)	Signa	ture							
RMA		Rural Cemetery 180 Grove Street Worcester, MA 01605	Y	John 74 Co	hill						

Acceptance of Permit

Disposition Type

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition DEC 1 2 2019

X

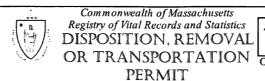
Name of Superintendent or Authorized Designee:

John H Cobill

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2019 055377

OCME CASE # 2019-15665

Information necessary for the Certificate of Death has been completed for:

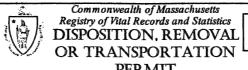
	morniation necessary for the Certificate of Death has been completed for:							
	Decedent Name TITUS , ROBERT H							
	Place of Death 4 MOORE ROAD, SOUTHBOROUGH, MA							
F	Date of Death DECEMBER 09, 2019	Date of Birth JANUARY 09, 1957 Sex MALE						
DENT	Residence 4 MOORE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772							
DECE	If U.S. veteran, specify war/conflict(s) (most recent) NO							
DE	Branch of military (most recent)	Rank/organization/outfit(most recent)						
	Date entered(most recent)	Date Discharged (most recent) Service Number (most recent)						
		Service Number(most recent)						
x	Certifier ANAND B. SHAH, MD	Lic # 263749						
RTIFIER	Addr. 720 ALBANY STREET, BOSTON, MAS	SSACHUSETTS 02118						
ERT	Immediate Cause of Death HANGING							
CE								
Th	is permit authorizes the following Funeral Serv	vice Licensee or Designee to remove, dispose or transport remains as listed below:						
z	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277							
r10	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
180	Disposition Type CREMATION	Date of Disposition DECEMBER 12, 2019						
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
	TOTAL CHARLETON, 100 ONO 12 O HELD, WORCED LEIG WASSACHUSEL IS VIOUS							
-								
	dorsements							
En	dorsements Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH						
En								
	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH						
En	Registry of Vital Records and Statistics State Tracking # 055377	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 12/12/2019						
PERMIT	Registry of Vital Records and Statistics State Tracking # 055377 Date DECEMBER 11, 2019	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 12/12/2019 Date DECEMBER 12, 2019						
PERMIT	Registry of Vital Records and Statistics State Tracking # 055377 Date DECEMBER 11, 2019	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 12/12/2019 Date DECEMBER 12, 2019 Name of Agent JAMES F. HEGARTY						
PERMIT	Registry of Vital Records and Statistics State Tracking # 055377 Date DECEMBER 11, 2019 I hereby certify that the remains were disposed of in	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 12/12/2019 Date DECEMBER 12, 2019 Name of Agent JAMES F. HEGARTY n accordance with its terms at the place and date below:						
En	Registry of Vital Records and Statistics State Tracking # 055377 Date DECEMBER 11, 2019 I hereby certify that the remains were disposed of in	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 12/12/2019 Date DECEMBER 12, 2019 Name of Agent JAMES F. HEGARTY n accordance with its terms at the place and date below:						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2019 059139

1000	0431750		_	711		
Fon	n R-309 07012014	PERMIT	Γ			
Inf	ormation necessary for the Certificate of Death ha	s been complete	d for:			
-	Decedent Name POPE , CAROLYN MARY	···				
	Place of Death SOUTHBRIDGE REHAB AND I	JEAITH CADE	COUTT	IRDIDCE MA		
				JULY 27, 1934	C PERMATE	
LNI	Date of Death Residence A CONESTOGATRAIL, BROOM		•	• •	Sex FEMALE	
DECEDEN	If U.S. veteran, specify war/conflict(s) (most recent)	Krield, MASS	ACHUSE	112 01200		
EC	NO					
-	Branch of military (most recent)	R -	Rank/organi 	zation/outfit(most recent)		
	Date entered(most recent) Da	ite Discharged (mo	st recent)	Service Number(most	t recent)	
_						
M M	Certifier PETER J. DAIN, MD			Lic # 155744	والمتعلق المتعلق المتعارب	
IFIE	Addr. 819 WORCES TER STREET, SUITE 3, SP	RINGFIELD, M	IASSACH	USETTS 01151		
CERT	Immediate Cause of Death LIVER FAILURE					
2	LAVER I PREDICTE					
TI	is permit authorizes the following Funeral Service	Licensee or De	signee to r	emove, dispose or transpo	rt remains as listed below:	
z	Funeral Licensee/Designee ALEXANDER I ACHER Lic # 51090					
	Facility. TIGHE-HAMILTON FUNERAL HOME, INC., HUDSON, MASSACHUSETTS					
OSITIO	Disposition Type CREMATION Date of Disposition JANUARY 02, 2020					
	Place/Address		MODGE		TO 01 (05	
DISP	RURAL CEMETERY (CREMATORY), 180 GR	OVE STREET,	WORCE	IER, MASSACHUSEII	3 01003	
E	dorsements					
	Registry of Vital Records and Statistics	Board of Health	/Agent for:	SOUTHBRIDGE		
MIT	State Tracking # 059139	Local Permit#	E-PERM	rr		
PER	Date JANUARY 03, 2020	Date				
] -		Name of Agent				
	I hereby certify that the remains were disposed of in ac	cordance with its	terms at th	e place and date below:		
ATION	Place of Disposition (Facility Name and Address)		Signatur			
MA	Rural Cemetery			0.1 71	O 0	
FIR	Rural Cemetery 180 Grove Street Worcester, MA DJ	BDD	X	John 74.	Cotile	
Z	Disposition Type Date of Disposition		Name of	Superintendent or Authorized	Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

JAN 0 6 2020

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File#

2019 051133

PERMIT

Information necessary for the Certificate of Death has been completed for:

	Decedent Name SHIFRIN, BRIAN G							
	Place of Death 79 OAK HILL ROAD, SOUTHB	OROUGH, MA						
_	Date of Death NOVEMBER 16, 2019	Dat	te of Birth	MAY :	28, 1976	Sex	MALE	
DECEDENT	Residence 79 OAK HILL ROAD, SOUTHB	OROUGH, MAS	SACHUS	ETTS (01772			
CED	If U.S. veteran, specify war/conflict(s) (most recent)							
DE	NO Procedure of military (most research)	P	Rank/organization/outfit(most recent)					
	Branch of military (most recent) —	_	<u>-</u>		a)ss(moss receiv)			
	Date entered (most recent) Date	ite Discharged (mo	st recent)		Service Number(most red	ent)		
	- MICHOL & NECDON DO				Lic # 260794			
ER	Certifier MICHOL S. NEGRON, DO Addr. 20 BURLINGTON ROAD, SUITE 450, BU	DINCTON M	ASS ACIDI					
LIF	Immediate Cause of Death	RLINGTON, M	ASSACII	OSEII	3 01003			
CERTIFIER	AMYOTROPHIC LATERAL SCLEROSIS							
Th	is permit authorizes the following Funeral Service	e Licensee or Des	signee to re	emove,			as listed below:	
z	Funeral Licensee/Designee NANCY G MORRIS				Lic#	50277		
10	Facility. MORRIS FUNERAL HOME, SOUTHB	OROUGH, MAS	SACHUS	ETTS				
SIT	Disposition Type BURIAL			D_{i}	ate of Disposition NOV	EMBER	18, 2019	
DISPOSITION	Place/Address							
DI	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
	Registry of Vital Records and Statistics	Board of Health	/Agent for:	SOUTE	HROROUGH			
II	State Tracking # 051133	Local Permit#	E-PERMI					
PERMIT	- 2004	Date	_	•				
PE	Date NOVEMBER 17, 2019	Name of Agent						
		, ,						
Z	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:							
TIC	Place of Disposition (Facility Name and Address)		Signature					
MA	Ninn Cometens	DA-	1 /	<i>.</i> .	- / 1/1	! *		
CONFIRMATION	Sec. M. Guvit 259		X /	Ille	(1 Allly	911		
ON	Disposition Type Date of Disposition	!	Name of	Superint	tendent or Authorized Des	ighee:		
0	FOU EMOST GUIAL 1/00. 18	7019	8n	11)66	TA. GILLENE	1/		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000411624

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File #

OCME CASE # 2019-12900

2019 046587

PERMIT

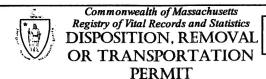
Inf	ormation necessary for the Certificate of Death ha	as been complete	d for:						
	Decedent Name FOSTER, WALTER M								
	Place of Death 3 AS PENWOOD LANE, SOUTHBOROUGH, MA								
1	Date of Death OCTOBER 11, 2019	Dat	te of Birth O	CTOBER 10, 1949	Sex	MALE			
DEN	Residence 3 AS PENWOOD LANE, SOUTH	BOROUGH, M	ASS ACHUS I	ETTS 01772					
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO								
D	Branch of military (most recent)	R 	ank/organizatio 	on/outfit(most recent)					
	Date entered (most recent) Do	ate Discharged (mo -	st recent)	Service Num ber(most re	cent)				
۳.	Certifier IRINI A. SCORDI-BELLO, MD			Lic # 269344					
TIFIER	Addr. 720 ALBANY STREET, BOSTON, MASS	ACHUS ETTS 02	2118						
CERT	Immediate Cause of Death GUNS HOT WOUND OF HEAD								
Th	ils permit authorizes the following Funeral Service	e Licensee or Des	signee to remo			as listed below:			
z	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373								
110	Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS								
озтто	Disposition Type CREMATION Date of Disposition OCTOBER 21, 2019								
DISP	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
_	Registry of Vital Records and Statistics	Board of Health	Agent for: SO	UTHBOROUGH					
RMIT	State Tracking # 046587	Local Permit#	ocal Permit # E-PERMIT						
PER	Date OCTOBER 20, 2019	Date							
		Name of Agent							
NC	I hereby certify that the remains were disposed of in ac	ccordance with its	terms at the pla	ace and date below:					
ATION	Place of Disposition (Facility Name and Address) Nik AL CHARTEN		Signature	7. /1	_ ^				
Σ	Il Constitue le Suntantet, MA	<u>-</u>		/ //	1/1				
NFIR	Sec. A GWH189A		X	MINI 4 9	XILLAG	1			
CON	Disposition Type South Date of Disposition At Chemina Renames Volumber		Name of Sup	erintendent or Authorized Des IDCET A GULIER	stgnee:	ι			
		7			7				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File#

2019 050576

nformation necessary for the Certificate of Death has been completed for:

LIN I	miormation necessary for the Certificate of Death has been completed for:							
	Decedent Name BORELLI, MARILYN J.					-		
	Place of Death 25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MA							
ī	Date of Death NOVEMBER 11, 2019	Date o	f Birth MA	RCH 06, 1937	Sex	FEMALE		
EN	Residence 25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772							
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)							
DE	NO Branch of military (most recent)	Ran	k/organization	outfit(most recent)				
	_		4)	G : W ! /				
	Date entered (most recent) Do	ate Discharged (most r -	ecent)	Service Number(most r	ecent)			
В	Certifier MATTHIAS M NURNBERGER, MD			Lic # 154538				
FIE	Addr. 463 WORCES TER ROAD, FRAMINGHAM	M, MASSACHUSI	ETTS 01701					
CERTIFIER	Immediate Cause of Death CARDIAC ARREST							
Th	is permit authorizes the following Funeral Servic	e Licensee or Desig	nee to remov	e, dispose or transport	remains	as listed below:		
_	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277							
DISPOSITION	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
SIT	Disposition Type CREMATION			Date of Disposition NO	VEMBER	13, 2019		
SPO	Place/Address							
DI	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements		**					
	Registry of Vital Records and Statistics	Board of Health/Ag	gent for: SOU	THBOROUGH				
PERMIT	State Tracking # 050576	Local Permit# E	-PERMIT		_			
PER	Date NOVEMBER 13, 2019	Date -	-					
-		Name of Agent -	-					
N	I hereby certify that the remains were disposed of in a	ccordance with its ter	ms at the plac	e and date below:				
ATION	Place of Disposition (Facility Name and Address)		Signature		^			
	NUMBLE CONTROL SUTHERWISH MA		· <		11			
ONFIRM	SEC. A-EAST, LOT 24, -EN. 4/1		x (/	Millin All	levi			
CON	Disposition Type Sange Date of Disposition	1	. 1	intendent or Authorized De	-			
	DE CHIMARIA CHAMILE TIWENTE	1 16 2019	Lan.	Get A Gille	(121)			

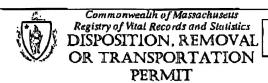
Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top







State File#

2020 054432

Information necessary for the Certificate of Death has been completed for:

Decedent Name LAWRENCE . CAROL ---

Place of Death 5 UPLAND ROAD, SOUTHBOROUGH, MA

OCTOBER 13, 2020 Date of Death

Date of Birth JULY 03, 1930

5 UPLAND ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772

FEMALE Sex

Residence If U.S. veteran, specify warlconflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most revent)

Service Number(most recent)

/ic# 213040

Certifier ALI TIRMIZI, MD

Addr. 978 WORCESTER STREET, WELLESLEY, MASSACHUSETTS 02482

Immediate Cause of Death

CARDIOPULMÓNARY ARREST

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licenseel Designee DAVID A CAS PER

Lic# 6562

facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition OCTOBER 19, 2020

Place/Address

BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT State Tracking # 054432 Local Permit# **OCTOBER 19, 2020** Date Date Name of Agent

I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Signature



Carol Lawrence 20-10273



Date/Time of Cremation: 10/20/2020 11:47 am **Casper Funeral Home & Cremation Services**

Boston

Entrusted to Our Care

